

I Care International Limited

Grove Lodge Care Home

Inspection report

62 Buxton Road
Hazel Grove
Stockport
Greater Manchester
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Tel: 01614838654

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grove Lodge Care Home is registered to provide accommodation for up to 19 people who require support with personal care. At the time of our inspection there were 15 people living at the home. Grove Lodge Care Home has 11 single occupancy room and 4 large rooms which could be shared.

People's experience of using this service and what we found

Risks were assessed but timely action had not always been taken in response to environmental issues identified. The registered manager told us these would be quickly addressed following the inspection. Staff were suitably recruited and there was enough staff who knew people well to provide the support people needed. People were supported to take their medicines as they needed, and people felt safe.

People's needs were assessed and reviewed regularly. People received the support they needed to eat and drink well, and staff supported them to access any health care services they may need. The environment had been adapted to meet people's needs. Staff accessed a variety of training and told us they felt well supported in their role. Work was ongoing to ensure staff were fully compliant with all mandatory training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a consistent staff team who knew them well. People told us staff were kind and caring and staff spoke with affection about the people they supported. People were encouraged to make decisions for themselves, their dignity and privacy was respected, choice and independence were promoted.

People were receiving personalised care and told us they had freedom of choice. People's communication needs were assessed and supported. People were supported to go out and engage in activities and interests as much as possible. People felt able to raise concerns if they had any and were confident these would be quickly addressed.

The management team were visible within the home and people knew who they were. Staff felt well supported by the management team and people spoke highly of the service and how this was run. People, relatives and staff were encouraged to share their views and ideas in a variety of forums and the management team were committed to continually improving the home. The registered manager and deputy were responsive to feedback and took action when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 09 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation in relation to the management of risk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Grove Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grove Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grove Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the

service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 7 people who use the service and 6 members of staff, including the registered manager, deputy manager, care workers and auxiliary staff. We reviewed a range of records including care plans for 2 people. We looked at 3 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Processes to assess and manage risk were in place but had not always led to timely action to address any environmental issues. The management team advised there had been some challenges with finding a suitably skilled person to employ in the role of maintenance, but action was currently underway to address any shortfalls which had been identified which included ensuring furniture was suitably secured and covers for radiators were put in place to protect people from the risk of scalding.
- People had personal emergency evacuation plans which guided staff on how to support people in an emergency. These were not available within the grab bag used for emergencies, but this was immediately resolved but the management team.
- Some staff had not yet completed their fire training or participated in a fire drill. The management team were aware of this and taking the action required.
- Some fire doors and emergency lighting had been found not to be working properly. There had been some delays in the action taken to remedy this, but this was resolved following our inspection visit.
- People's individual needs and any associated risks were suitable assessed and managed. People had individual risk assessments in place as part of their care records.

We recommend the provider ensure their systems for oversight enable timely action to be taken when shortfalls are identified within the environment.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We observed staff were very responsive to people and provided assistance as and when needed. People felt there were enough staff available with one person telling us, "If I call on my buzzer, they [staff] come quite quickly and they [staff] know me by my name."
- There was a consistent team of staff working at Grove Lodge Care Home. It was evident they knew people very well and worked together to meet people's needs.
- Suitable recruitment processes were being followed. This included completing checks with the Disclosure and Barring Service (DBS) and seeking references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- One person's interview record had not been kept as part of the recruitment process and the registered manager advised these would be kept in line with data protection going forward. We also advised the registered manager to ensure they capture any discussion they have around gaps in employment and reasons for people leaving employment as part of a robust recruitment process. The registered manager was responsive and took action immediately following the inspection to address this.

Using medicines safely

- People were supported to take their medicine safely. Suitable records were in place to guide staff on how to support people with both their regular medicines, and any medicines they may need occasionally, such as medicines to help with pain or indigestion.
- Medicines were securely stored, and checks were made to ensure medicines were available and stored at suitable temperatures. We discussed the need to ensure variation in temperature were checked to ensure the area for storing medicines did not become too hot or too cold at any time. The registered manager was responsive and took action immediately following the inspection to address this.
- People were supported to take their medicine by staff who were patient and kind. We observed staff safely administer medicines to people as prescribed. One person told us, "I have medicines which they give me regularly."
- Staff had completed relevant training in administering medicines and had checks of competency. Some competency assessments needed to be reviewed as they were dated.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "The care staff are very good, I feel safe here and its very flexible."
- Staff understood their responsibilities to safeguarding people and felt confident the management team would take appropriate action should there be any safeguarding concerns.
- There were suitable policies in place and staff completed relevant training. The management team had oversight of any safeguarding concerns, and worked with the local authority to take action where this was needed.

Preventing and controlling infection

- The home was clean and tidy. The domestic staff were busy through the day cleaning the communal area and bedrooms. There were no malodours.
- Staff completed training in infection prevention and control and there were systems for checking and ensure in staff were skilled and knowledgably. Suitable policies and procedures were in place. There were sufficient stocks of personal protective equipment readily available for staff to use.
- People told us the home was kept very clean, with one person noting "It's always very clean and tidy in here."

Visiting in care homes

There were no restrictions on visiting in line with current guidelines.

Learning lessons when things go wrong

- There were systems in place to support lessons to be learnt when things went wrong. The registered manager had recently introduced a new tool to improve the oversight of accidents and incidents.
- Where accident or incidents had happened, staff took the relevant action to ensure people were safe and any action needed to mitigate risk as much as possible was implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and subject to regular review. Care plans were updated in line with any changes in need. People's views, choices and preferences were clearly recorded and incorporated into care records.
- Staff supported people in line with their assessed needs. Staff were responsive to people and provided support which was tailored to the individual's needs and preferences.

Staff support: induction, training, skills and experience

- Staff were supported to access a range of relevant training. There were some areas where training had not yet been completed and the management team were supporting staff to access and complete the training as needed. For example, the mandatory training on supporting people with learning disabilities and autism had not yet been completed by all staff. We raised this with the management team who took immediate action to ensure all staff had this training allocated and made arrangements to ensure staff were supported to complete this.
- The management team had a clear process to induct new staff to the service and gave them time to shadow more experienced staff and get to know the people living at Grove Lodge Care Home. Staff were supported to complete the Care Certificate. The Care Certificate is a set of standards developed for the health and care support workforce, to support their induction and development.
- Staff spoke positively of how they were supported by the current management team and spoke highly of the registered manager and deputy manager. One staff member said, "Everyone is very approachable, especially the management. It used to be a case of them and us, but now we help each other out. The vibe is so much better."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy diet. People generally spoke positively about the meals and told us if they did not like what was on the menu an alternate choice would be given.
- Care records contained clear details about any specific dietary requirements people had, including those who had food allergies or required a low sugar diabetic diet. People who had these needs confirmed that meals were prepared in line with these needs. Information about people's food likes and dislikes was also captured within care records.
- There were systems in place to monitor people's nutrition risk. People were confident appropriate support and referrals would be made to services, such as the dietician, if this was required.

Adapting service, design, decoration to meet people's needs

- The service was suitable for the needs of the people being supported at Grove Lodge Care Home. People were free to access all communal area and go outside if they chose. There was a well maintained secure outside garden areas which people could enjoy, which included a sheltered area and seating area for people.
- People told us the service felt very homely. There were a variety of areas for people to sit and relax or watch television. People were able to come and go to their bedrooms as and when they wished, and bedrooms were very personalised.
- People told us they had everything they needed. One person said, "My room is very cosy and homely and I feel very comfortable here." Another person commented, "I have all the equipment here that I need its very good."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were able access health care services as needed. The service supported people with access to dentist and had assessment of people's oral care needs. People were being supported to have regular oral health care. People felt confident they would be supported to access any services they needed, and one person commented, "If I needed the dentist or optician or anything like that then they [staff] would take you out to one."
- Records demonstrated referrals to external services were made when a need was identified. The management team told us they had a good working relationship with the doctor's surgery and a doctor regularly visited the home to review people and their medical needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had assessment of their mental capacity and where people were found to lack capacity and be subject to restrictions, DoLS were applied for. Where specific conditions on the DoLS were in place these had been incorporated into people's care needs.
- People were supported to remain independent and make decision as much as possible. Staff respected people's decision and choices.

Is the service caring?

Our findings

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well. We observed staff knew people well and were very kind and caring.
- People spoke highly of the staff with one person commenting, "The staff are absolutely lovely there is nothing that is too much trouble for them."
- Assessments and care plans contained information about diverse needs and preferences and staff respected these. One person told us, "The staff are very kind and caring they are lovely with me. They know me, and I know them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decision making. One person commented, "The staff are very kind and courteous they look after us well and always ask me."
- Staff promoted people's choices and took action to meet people's requests as much as possible. For example, when people asked to go out to the shops or church, the management team took steps to support people to do this.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was considered. Staff knocked before entering people's bedrooms and always requested consent before providing support. Staff were discrete when supporting people with personal care.
- People were supported to remain as independent as possible. Care records reflected what people could do for themselves, and where staff would need to provide assistance. One person told us, "I can get up when I like and get myself dressed and so forth. They [staff] know to help me with showers."
- People told us they were encouraged to remain active and independent. One person told us, "I go out with [activity worker] on a Thursday to the shops but the staff get me all my stuff, anything that I need if I run out."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised to the person's individual needs and preferences and staff supported people with care that was personalised. People were not always able to tell us how they had been involved in the development of care plans, but people told us they were very happy with how they were supported.
- People told us they were supported to do things as they wanted. One person told us, "I like to wash my own clothes, so I wash them in my own room and dry them there too. We can get up and go to bed when we want to." Other people shared their experiences of having personalised care and we observed people coming and going around the home as they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were understood and supported. Care records contained detail about people's communication needs and how staff should support people in these areas. Staff understood people's needs and were patient and kind when communicating with them.
- The service had suitable polices to support communication with people and information could be adapted to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to follow interest and take part in activities which were important to them. For example, one person was supported to attend church, another person was regular support to go shopping whilst others were supported to go out for walks or on trips out.
- Care records contained details about people's interests and preferences. Staff knew people and their preference and interests and were able to engage people in conversations around these. People's bedrooms reflected what was important to them.
- Staff supported people to maintain relationship with people. For example, people were supported to receive visits from friends and family and make phone calls to people if they wished.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. Historical complaints on file had been received these had been investigated and responded to appropriately.
- People were very complimentary about the staff team and the service. They said, "The staff are good, it's the same staff so we know them well and they know us. I have no complaints."
- People felt able to raise concerns and make complaints should they have any. There was open communication between people and staff and any issues were quickly addressed by staff. One person told us, "I feel very safe here and well cared for. If I had any queries or problems, I would speak to the staff about it."

End of life care and support

- No one was receiving end of life care at the time of inspection. Staff had conversations with people about their plans and wishes but respected people did not always wish to have these discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems and processes in place to ensure the delivery of person-centred care that achieved good outcomes for people.
- The management team spoke about the change in the culture of the home. Staff reflected that there had been a number of improvements, and the stability of the management team had made a positive impact on staff morale.
- People generally felt the service was well run. One person told us, "I would feel comfortable in speaking up if there was something that I was not happy about. I did speak to the manager about a few little things, and they sorted them out for me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour.
- The registered manager understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents. CQC were being notified as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager were new to the home and worked closely to ensure oversight and the safe and smooth running of the service. However, when issues were identified, such as some of the environmental issues we noted, these were not always quickly addressed if they could not be easily resolved by the management team.
- Staff were supported to develop in their roles, and at the time of the inspection the management team were supporting staff to develop the use and confidence with the care planning system.
- People all knew who the management team were. One person told us, "I know the managers face although I'm not sure of their name."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt engaged in the running of the service. The service had recently completed a survey with the people living at Grove Lodge and analysed the findings which were primarily positive.
- The service held regular meetings with people, relatives, and staff. These meetings were used as an

opportunity to update everyone on any changes and improvements at the service and gain feedback and ideas from people. Records showed people and staff were actively involved in discussions.

- People were supported to access the community. Staff worked with other professionals to ensure people's needs were met and the management team told us they had a very good relationship with their local Doctors surgery and other local health professionals.

Continuous learning and improving care

- The management team were very responsive to feedback given and took action to address any issues raised during the inspection. The management team spoke about a number of plans and improvements made to the service where work was ongoing.